



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	\$46.31	1-Apr-01
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR U	\$71.41	1-Apr-01
90918	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FU	\$608.83	1-Apr-01
90919	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS BET	\$478.56	1-Apr-01
90920	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS BET	\$412.40	1-Apr-01
90921	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS TWE	\$273.00	1-Apr-01
90922	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY;	\$19.73	1-Apr-01
90923	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY;	\$15.94	1-Apr-01
90924	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY;	\$13.67	1-Apr-01
90925	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY;	\$9.50	1-Apr-01
90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	\$83.15	1-Apr-01
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANT	\$137.34	1-Apr-01
90939	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENO	BR	1-Jan-02
90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENO	BR	1-Jan-01
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRAT	\$85.87	1-Apr-01
90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRAT	\$137.38	1-Apr-01
90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COMPLET	\$500.00	1-Jun-00
90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE	\$20.00	1-Jun-00
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	\$121.04	1-Apr-01
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	BR	1-Oct-82
91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PREPARA	\$45.93	1-Apr-01
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL J	\$109.38	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
91011	ESOPHAGEAL MOTILITY STUDY; WITH MECHOLYL OR SIMILAR STIMULANT	\$131.94	1-Apr-01
91012	ESOPHAGEAL MOTILITY STUDY; WITH ACID PERFUSION STUDIES	\$135.03	1-Apr-01
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$118.16	1-Apr-01
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	\$57.69	1-Apr-01
91032	ESOPHAGUS, ACID REFLUX TEST, WITH INTRALUMINAL PH ELECTRODE FOR DETECTION OF GAS	\$103.01	1-Apr-01
91033	ESOPHAGUS, ACID REFLUX TEST, WITH INTRALUMINAL PH ELECTRODE FOR DETECTION OF GAS	\$133.56	1-Apr-01
91052	GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF GASTRIC SECRETION (EG, HIST	\$57.98	1-Apr-01
91055	GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES FOR CYTOLOGY (SEPARATE PROCED	\$62.63	1-Apr-01
91060	GASTRIC SALINE LOAD TEST	\$35.66	1-Apr-01
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY)	\$26.46	1-Apr-01
91100	INTESTINAL BLEEDING TUBE, PASSAGE, POSITIONING AND MONITORING	\$62.36	1-Apr-01
91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTED POI	\$24.65	1-Apr-01
91122	ANORECTAL MANOMETRY	\$130.37	1-Apr-01
91123	PULSED IRRIGATION OF FECAL IMPACTION	BR	1-Jan-02
91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;	BR	1-Jan-01
91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING	BR	1-Jan-01
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	1-Oct-82
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	\$215.30	1-Apr-01
92953	TEMPORARY TRANSCUTANEOUS PACING	\$18.51	1-Apr-01
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	\$169.28	1-Apr-01
92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL (SEPARATE	\$255.52	1-Apr-01
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	\$206.24	1-Apr-01
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	\$106.88	1-Apr-01
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO	\$173.36	1-Apr-02



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY INT	\$200.01	1-Apr-02
92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE CORONARY	\$431.61	1-Apr-01
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	\$318.12	1-Apr-01
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC EVALUATION	\$283.18	1-Apr-01
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING THERAPEUTIC INTERVENT	\$173.27	1-Apr-01
92980	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITH	\$944.82	1-Apr-01
92981	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITH	\$264.80	1-Apr-01
92982	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$699.64	1-Apr-01
92984	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL (\$189.37	1-Apr-01
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$1,314.86	1-Apr-01
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$1,363.90	1-Apr-01
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	\$1,058.60	1-Apr-01
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND TYPE)	BR	1-Jan-94
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES CARDIA	BR	1-Jan-94
92995	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER METHOD,	\$769.48	1-Apr-01
92996	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER METHOD, W	\$208.29	1-Apr-01
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$759.35	1-Apr-01
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL	\$348.87	1-Apr-01
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND R	\$28.67	1-Apr-01
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INT	\$18.04	1-Apr-01
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT	\$10.63	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
93012	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S), PER 3	\$95.00	1-Apr-01
93014	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S), PER 3	\$30.35	1-Apr-01
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	\$112.44	1-Apr-01
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	\$26.88	1-Apr-01
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	\$67.00	1-Apr-01
93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	\$18.56	1-Apr-01
93024	ERGONOVINE PROVOCATION TEST	\$117.97	1-Apr-01
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	\$258.70	1-Apr-02
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	\$14.80	1-Apr-01
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	\$5.66	1-Apr-01
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY	\$9.14	1-Apr-01
93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$168.52	1-Apr-01
93225	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$49.33	1-Apr-01
93226	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$86.97	1-Apr-01
93227	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$32.22	1-Apr-01
93230	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$179.41	1-Apr-01
93231	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$61.03	1-Apr-01
93232	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$86.16	1-Apr-01
93233	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$32.22	1-Apr-01
93235	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	\$131.01	1-Apr-01
93236	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	\$103.38	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
93237	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING	\$27.62	1-Apr-01
93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, P	\$174.69	1-Apr-01
93270	PATIENT DEMANDS SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, P	\$49.33	1-Apr-01
93271	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, P	\$95.00	1-Apr-01
93272	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, P	\$30.35	1-Apr-01
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	\$62.77	1-Apr-01
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE	\$228.16	1-Apr-01
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES/FOLLOW UP LTD STD	\$122.65	1-Apr-01
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$210.28	1-Apr-01
93308	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$110.55	1-Apr-01
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE)	\$278.28	1-Apr-01
93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE)	\$165.53	1-Apr-01
93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE)	\$222.86	1-Apr-01
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE	\$306.81	1-Apr-01
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC PLACEMENT OF PROBE ONLY	\$131.58	1-Apr-01
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY/IMAGE ACQUISITION, INTERPRETATION AND REPORT	\$252.51	1-Apr-01
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING PROBE	BR	1-Jan-01
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY	\$92.40	1-Apr-01
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY	\$53.99	1-Apr-01
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION)	\$120.25	1-Apr-01
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$119.31	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
93501	RIGHT HEART CATHETERIZATION	\$848.75	1-Apr-01
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING	\$162.84	1-Apr-01
93505	ENDOMYOCARDIAL BIOPSY	\$338.32	1-Apr-01
93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR V	\$728.67	1-Apr-01
93510	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER	\$1,695.98	1-Apr-01
93511	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER	\$1,690.02	1-Apr-01
93514	LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE	\$1,807.86	1-Apr-01
93524	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION	\$2,239.45	1-Apr-01
93526	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION	\$2,248.96	1-Apr-01
93527	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,283.09	1-Apr-01
93528	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WIT	\$2,347.99	1-Apr-01
93529	COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXIS	\$2,110.32	1-Apr-01
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	\$910.22	1-Apr-01
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION,	\$2,367.31	1-Apr-01
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,417.31	1-Apr-01
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,203.93	1-Apr-01
93539	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$47.73	1-Apr-01
93540	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$49.24	1-Apr-01
93541	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMONARY ANGIOGRAPHY	\$18.56	1-Apr-01
93542	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE RIGHT VENTRICU	\$18.18	1-Apr-01
93543	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE LEFT VENTRICUL	\$31.98	1-Apr-01
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY	\$30.46	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
93545	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORONARY ANGIO	\$43.25	1-Apr-01
93555	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING	\$286.90	1-Apr-01
93556	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING	\$428.48	1-Apr-01
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL A	\$52.31	1-Apr-01
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL A	\$22.77	1-Apr-01
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEA	\$279.42	1-Apr-01
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLO RESERVE MEA	\$174.51	1-Apr-01
93580	Transcath closure of asd	\$968.82	1-Apr-03
93581	Transcath closure of vsd	\$1,293.88	1-Apr-03
93600	BUNDLE OF HIS RECORDING	\$212.65	1-Apr-01
93602	INTRA-ATRIAL RECORDING	\$173.59	1-Apr-01
93603	RIGHT VENTRICULAR RECORDING	\$200.58	1-Apr-01
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH CATHETE	\$674.22	1-Apr-01
93610	INTRA-ATRIAL PACING	\$236.26	1-Apr-01
93612	INTRAVENTRICULAR PACING	\$246.77	1-Apr-01
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN ADDITI	\$375.06	1-Apr-03
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGR	\$66.71	1-Apr-01
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGR	\$100.10	1-Apr-01
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	\$427.79	1-Apr-01
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$770.31	1-Apr-01
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$1,091.17	1-Apr-01
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$843.11	1-Jun-00
93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$844.44	1-Jun-00
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST SEPARATE	\$183.20	1-Jun-00
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENE	\$361.02	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE SI	\$718.36	1-Apr-01
93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$505.95	1-Apr-01
93641	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR LEADS (INCLUDES DEFI	\$660.76	1-Apr-01
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$588.87	1-Apr-01
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICUL	\$670.07	1-Apr-01
93651	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF SUPRAVE	\$1,033.23	1-Apr-01
93652	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF VENTRIC	\$1,107.47	1-Apr-01
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOU	\$175.36	1-Apr-01
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION, INCLUD	\$310.28	1-Apr-01
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$34.54	1-Apr-02
93720	PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION AND REPORT	\$39.32	1-Apr-01
93721	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	\$28.68	1-Apr-01
93722	PLETHYSMOGRAPHY, TOTAL BODY; INTERPRETATION AND REPORT ONLY	\$10.63	1-Apr-01
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES ELECTROCARDIOG	\$440.29	1-Apr-01
93727	ELECTRONIC ANALYSIS OF IMPLANTABLE LOOP RECORDER (ILR) SYSTEINCLUDES RETRIEVAL	\$30.18	1-Apr-01
93731	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PRO	\$46.54	1-Apr-01
93732	ELECTRONIC ANALYSIS OF DUAL-CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RATE,	\$72.32	1-Apr-01
93733	ELECTRONIC ANALYSIS OF DUAL CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RATE,	\$40.44	1-Apr-01
93734	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF P	\$36.66	1-Apr-01
93735	ELECTRONIC ANALYSIS OF SINGLE-CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RAT	\$61.00	1-Apr-01
93736	ELECTRONIC ANALYSIS OF SINGLE CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RAT	\$35.57	1-Apr-01
93740	TEMPERATURE GRADIENT STUDIES	\$20.76	1-Jun-00



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
93741	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION	\$69.18	1-Apr-01
93742	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION	\$74.85	1-Apr-01
93743	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION	\$84.33	1-Apr-01
93744	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES INTERROGATION	\$89.66	1-Apr-01
93760	THERMOGRAM; CEPHALIC	\$69.69	1-Jun-00
93762	THERMOGRAM; PERIPHERAL	\$83.49	1-Jun-00
93770	DETERMINATION OF VENOUS PRESSURE	\$12.34	1-Jun-00
93784	Ambulatory BP monitoring	\$74.06	1-Jun-00
93786	Ambulatory BP recording	\$28.57	1-Jun-00
93788	Ambulatory BP analysis	BR	1-Oct-82
93790	Review/report BP recording	BR	1-Oct-82
93797	Cardiac rehab	\$20.71	1-Apr-01
93798	Cardiac rehab/monitor	\$28.99	1-Apr-01
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	BR	1-Oct-82
93875	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, BILATERAL, (EG, PERIO	\$59.02	1-Apr-01
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	\$186.92	1-Apr-01
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	\$124.49	1-Apr-01
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	\$225.11	1-Apr-01
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY	\$150.28	1-Apr-01
93922	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGLE LEV	\$63.35	1-Apr-01
93923	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE L	\$118.18	1-Apr-01
93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWI	\$130.05	1-Apr-01
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILA	\$186.53	1-Apr-01
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR	\$124.85	1-Apr-01
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILA	\$189.87	1-Apr-01
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR	\$125.91	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERAL STUDY (E	\$67.08	1-Apr-01
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANE	\$208.20	1-Apr-01
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANE	\$138.15	1-Apr-01
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$287.57	1-Apr-01
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$191.70	1-Apr-01
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; C	\$195.36	1-Apr-01
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; U	\$130.62	1-Apr-01
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE ST	\$214.75	1-Apr-01
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP O	\$158.12	1-Apr-01
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AN	\$117.22	1-Apr-01
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY	\$36.51	1-Apr-01
94014	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; INCLUDES REIN	\$40.12	1-Apr-01
94015	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; RECORDING (IN	\$13.12	1-Apr-01
94016	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; PHYSICIAN REV	\$27.00	1-Apr-01
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER BRONCHODILATOR	\$59.94	1-Apr-01
94070	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MULTIPLE SPIROMETRIC DETE	\$150.31	1-Apr-01
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	\$11.42	1-Jun-00
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$18.19	1-Apr-01
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OPEN CI	\$59.46	1-Apr-01
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	\$25.58	1-Apr-01
94260	THORACIC GAS VOLUME	\$24.24	1-Apr-01
94350	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITROGEN WASHO	\$51.93	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
94360	DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHIC METHODS	\$41.62	1-Apr-01
94370	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS	\$84.69	1-Apr-01
94375	RESPIRATORY FLOW VOLUME LOOP	\$32.88	1-Apr-01
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	\$49.56	1-Apr-01
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	\$45.69	1-Apr-01
94620	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST FOR BRONCHOSPASM W	\$113.79	1-Apr-01
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2	\$139.92	1-Apr-01
94640	NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	\$20.78	1-Apr-01
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT O	BR	1-Jan-91
94656	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$69.55	1-Apr-01
94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$46.31	1-Apr-01
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMEN	\$55.96	1-Apr-01
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	\$39.48	1-Apr-01
94664	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM	\$20.34	1-Apr-01
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITAT	\$30.11	1-Apr-01
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITAT	\$23.63	1-Apr-01
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	\$43.11	1-Apr-01
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN EXT	\$75.86	1-Apr-01
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	\$25.68	1-Apr-01
94720	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY STATE)	\$61.77	1-Apr-01
94725	MEMBRANE DIFFUSION CAPACITY	\$56.50	1-Apr-01
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE MEASUREMENT	\$118.68	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	\$6.10	1-Apr-01
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE DETERMINATIONS	\$13.39	1-Apr-01
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT	\$17.69	1-Apr-01
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	\$34.15	1-Apr-01
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CO	BR	1-Jan-92
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	BR	1-Oct-82
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE	\$4.17	1-Apr-01
95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENTAL, WITH D	\$12.24	1-Apr-01
95015	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOL	\$21.06	1-Apr-01
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REAC	\$5.66	1-Apr-01
95027	SKIN END POINT TITRATION	\$5.66	1-Apr-01
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTI	\$9.02	1-Apr-01
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	\$7.90	1-Apr-01
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	\$9.77	1-Apr-01
95056	PHOTO TESTS	\$6.78	1-Apr-01
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	\$13.94	1-Apr-01
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	\$7.90	1-Apr-01
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTI	\$86.30	1-Apr-01
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTI	\$110.17	1-Apr-01
95075	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG	\$82.21	1-Apr-01
95078	PROVOCATIVE TESTING (EG, RINKEL TEST)	\$10.21	1-Apr-01
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLE	\$15.43	1-Apr-01
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLE	\$19.90	1-Apr-01
95120	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFI	\$18.52	1-Jun-00



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFI	\$37.03	1-Jun-00
95130	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFI	BR	1-Oct-82
95131	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFI	\$12.96	1-Jun-00
95132	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFI	\$15.34	1-Jun-00
95133	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFI	\$17.72	1-Jun-00
95134	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFI	\$23.54	1-Jun-00
95144	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGE	\$10.93	1-Apr-01
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGE	\$20.25	1-Apr-01
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$25.85	1-Apr-01
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$35.92	1-Apr-01
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$35.17	1-Apr-01
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$43.01	1-Apr-01
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGE	\$9.44	1-Apr-01
95170	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$13.91	1-Apr-01
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, EQUINE SERU	\$127.44	1-Apr-01
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	BR	1-Oct-82
95250	GLUCOSE MONITORING FOR UP TO 72 HOURS BY CONTINUOUS RECORDING AND STORAGE OF GLU	\$51.38	1-Apr-02
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSI	\$356.89	1-Apr-01
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR H	\$198.44	1-Apr-01
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR H	\$466.43	1-Apr-01
95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED	\$698.68	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, AT	\$670.80	1-Apr-01
95811	POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP STAGING WITH 4 OR MO	\$652.48	1-Apr-01
95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; UP TO ONE HOUR	\$160.56	1-Apr-01
95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR	\$219.73	1-Apr-01
95816	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DROWSY (INCLUDING HYPER	\$150.05	1-Apr-01
95819	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND ASLEEP (INCLUDING HYPER	\$166.09	1-Apr-01
95822	ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	\$139.43	1-Apr-01
95824	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY	\$60.18	1-Apr-01
95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY	\$154.35	1-Apr-01
95829	ELECTROCORICOGRAM AT SURGERY (SEPARATE PROCEDURE)	\$1,051.54	1-Apr-01
95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC (EEG	\$166.58	1-Apr-01
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HA	\$27.13	1-Apr-01
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); HAND (WITH OR WITHOUT COMPARISON WI	\$26.02	1-Apr-01
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, EXCLUDING	\$37.71	1-Apr-01
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, INCLUDING	\$47.20	1-Apr-01
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EX	\$23.68	1-Apr-01
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITH	\$18.05	1-Apr-01
95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	\$43.42	1-Apr-01
95858	TENSILON TEST FOR MYASTHENIA GRAVIS; WITH ELECTROMYOGRAPHIC RECORDING	\$103.81	1-Apr-01
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS	\$81.23	1-Apr-01
95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREA	\$123.39	1-Apr-01
95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AR	\$148.69	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL ARE	\$192.76	1-Apr-01
95867	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, UNILATERAL	\$70.73	1-Apr-01
95868	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL	\$102.11	1-Apr-01
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	\$31.43	1-Apr-01
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB (\$31.06	1-Apr-01
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE MEASUREM	\$108.68	1-Apr-01
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE METAB	\$97.81	1-Apr-01
95900	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITHO	\$43.40	1-Apr-01
95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE	\$45.09	1-Apr-01
95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY	\$37.38	1-Apr-01
95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARATELY IN ADDITION TO	\$179.31	1-Apr-01
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA	\$63.28	1-Apr-01
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPA	\$68.18	1-Apr-01
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE O	\$116.25	1-Apr-01
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$70.62	1-Apr-01
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$70.62	1-Apr-01
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$71.80	1-Apr-01
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR FL	\$42.17	1-Apr-01
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	\$66.92	1-Apr-01
95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE	\$39.06	1-Apr-01
95936	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN GASTROCNEMIUS/SO	\$40.95	1-Apr-01



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NE	\$51.47	1-Apr-01
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS ELECTRO	\$256.20	1-Apr-01
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR	\$1,001.21	1-Apr-01
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 1	\$423.84	1-Apr-01
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE DURING EEG	\$244.50	1-Apr-01
95955	ELECTROENCEPHALOGRAPH (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	\$140.40	1-Apr-01
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR M	\$1,088.25	1-Apr-01
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAPH (EEG) (EG, FOR EPILEPTIC SPIKE ANALYSIS	\$177.15	1-Apr-01
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC	\$322.84	1-Apr-01
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF E	\$224.22	1-Apr-01
95962	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF	\$235.14	1-Apr-01
95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGN	BR	1-Jan-02
95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS	BR	1-Jan-02
95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS	BR	1-Jan-02
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$24.77	1-Apr-01
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$43.12	1-Apr-01
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$88.02	1-Apr-01
95973	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$52.99	1-Apr-01
95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$169.92	1-Apr-01
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$95.33	1-Apr-01
95990	Spin/brain pump refill & main	\$55.65	1-Apr-03



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2003 Rate Codes - Medicine

CPT codes, descriptors and other data only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	BR	1-Oct-82
96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	\$91.06	1-Apr-02
96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	\$108.61	1-Apr-02
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES,	\$21.22	1-Apr-02
96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIE	\$19.83	1-Apr-02
96004	PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTER BASED MOTION ANALY	\$93.48	1-Apr-02
G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL	\$252.16	1-Apr-03
G0293	NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR	BR	1-Jan-03
G0294	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN	BR	1-Jan-03
Q0035	CARDIOKYMOGRAPHY	\$25.69	1-Apr-01